SERIAL NO. **484835**

FILING DATE **1-18-00**

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

CLAIMS

CLAIM	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIM	IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	1						51						
2							52						
3							53						
4							54						
5	1						55						
6							56						
7							57						
8	1						58						
9							59						
10							60						
11	1						61						
12							62						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
							TOTAL						

4/12/16